

NATIONAL Assessment Centre Services

Date: 14/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/HP23003896/04	E-mail (within 8hrs, Aft 2hrs):		
Veh No: SLU 8705U	i-Motor Claim Form:		
DOA: 12/04/2023 21:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Unit	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: () Tol: () Fax: ()

TP Particulars: Vch No: 8JK 3327.L INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA23 01091	Invoice Preparation Checklist		Amnt (\$)	Amnt
Claimant's Particulars	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee 540/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Call 1:	6) TR: Re-inspection \$75			
Call 2/3:	7) N1: Idau DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idau Mobile \$0			
	Invoice date / Fee Charged			
	Invoice dated / Fee Charged			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	14/04/2023 17:37 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 21:50 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	ENTRANCE TO JOHOR CUSTOM
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8705U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MD KHALID QUAH @ QUAH SIEW BOON
NRIC No	SXXXX936A
Email Address	farisdash94@gmail.com
Mobile Phone No	(Phone) +65-90085256
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V07864/VPE/R00

DRIVER

Name of Driver	MUHAMMAD FARIS-IZZWAN BIN MAZLAN
NRIC No	SXXXX317A
Date Of Birth	07/03/1994
Occupation	Indoor

Date Of Driving Pass	04/08/2014
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82900444
Alt. Phone Number	-
Email Address	farisdash94@gmail.com
Address	APT BLK 253 YISHUN RING ROAD
Address complement	# 03-1041
Postcode	760253
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	FRIEND'S FATHER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK3327L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
14/4/23

Policyholder's Signature / Date & Time

[Signature]
14/04/23

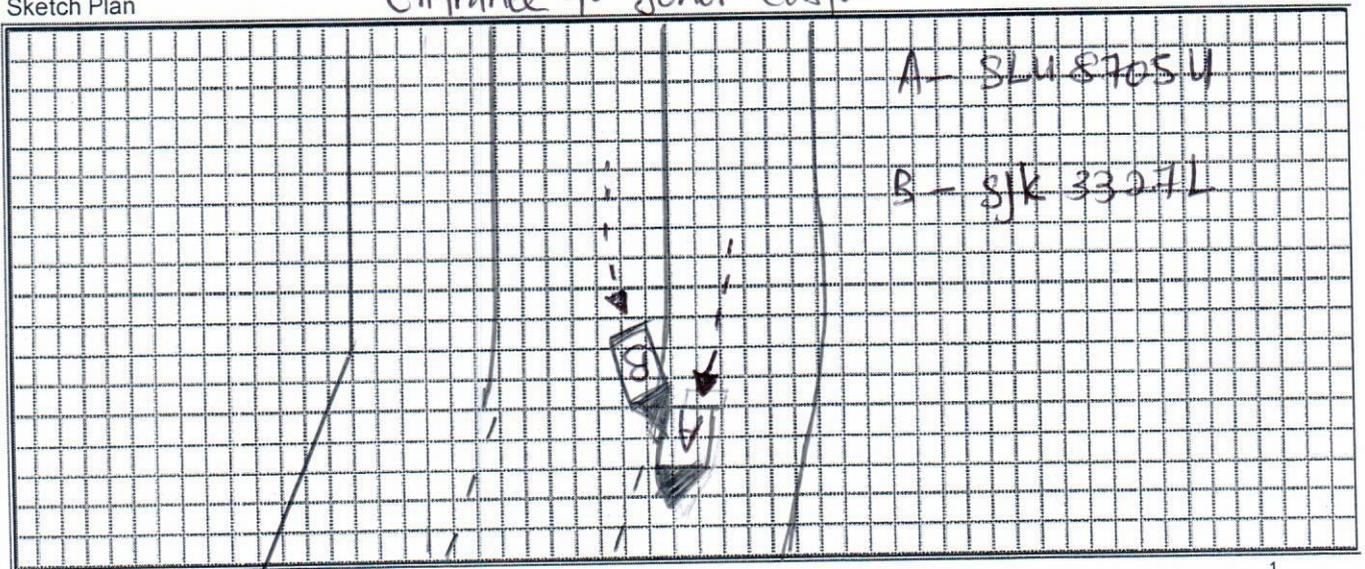
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
14/4/2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Entrance to Johor Custom



Describe Circumstance of the Accident

please refer to the attached
police Report
— L/20230413/7019 —

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature] 14/4/23

Policyholder's Signature / Date & Time

[Signature] 14/04/23

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 14/4/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



L/20230413/7019

1 of 3

POLICE REPORT (NP299)

Report No. L/20230413/7019

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 13/04/2023 12:22	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FARIS-IZZWAN BIN MAZLAN	Address 253 YISHUN RING ROAD #03-1041 SINGAPORE 760253	
ID Type / ID No. NRIC NO / S9409317A	Contact No. Home/Office:	Mobile: 82990044
Nationality SINGAPORE CITIZEN	Email Address FARIS_DASH94@HOTMAIL.COM	
Occupation Aeronautical engineering technician	Sex Male	Age 29
Institution/School Name	Date of Birth 07/03/1994	Race Boyanese
Date/Time Of Incident 12/04/2023 21:50 - 12/04/2023 22:00	Location Of Incident 253 YISHUN RING ROAD #03-1041 SINGAPORE 760253	

Brief details.

At approximately 950pm, as we approached to enter the Johor customs, we were hit by a car SJK 3327L at the right passenger door from the side. We were coming from the bridge down and she was coming from the middle edl. We gave way to a car who was filtering left into our lane. Right after we did that, I turned to check my blindspot and i saw SJK 3327L coming towards our back door.

Th passenger on the right door heard the sound of scratch and I repeatedly asked the driver of that car to

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2023 12:22
Officer In-Charge Of Case:	Classification Of Case:



reverse back so that i can move forward

Refusing to give way, SJK 3327L kept creeping forward towards our car but i was already in the right of lane. As it was full of cars, we didn't stop and I made my way further forward to have a conversation with her. But she drove past us when she was repeatedly told to stop and look at the situation. SJK 3327L then proceed to the immigration counter without attending to the situation. We proceeded as well as we have no means catching up with her.

When we managed to catch up with her at the Johor bridge, we asked for the number but she told us she didn't know that the accident happened. We told her it's okay and just give us her details. After we gave her a call, she told us that she is making a police report as I was the one who "bang" her car.

I have concluded that this is a hit and run.

Subjects Involved			
Victim			
Person Name	MUHAMMAD FARIS-IZZWAN BIN MAZLAN		
ID Type	NRIC NO	ID No	S9409317A
Gender	Male	Age	29
Race	Boyanese	Language	English
Occupation	Aeronautical engineering technician	Address	253 YISHUN RING ROAD #03-1041 SINGAPORE 760253
Mobile No	82990044	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2023 12:22
Officer In-Charge Of Case:	Classification Of Case:



Person Name	MUHAMMAD FARIS-IZZWAN BIN MAZLAN (Informant)
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Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 13/04/2023 12:22
Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 12/04/2023 (DD/MM/YYYY), TIME: 21 50 (HH:MM)

LOCATION: Entrance to Johor Custom

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 8705U
- b) INSURANCE COMPANY: Liberty
- c) POLICY NUMBER: SD 22V07 864 VPE / R00
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Hyundai-Elantra AUTO / MANUAL
- f) TYPE: (SAIDON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: MD Khalid Ouh @ Ouh Siew Boon (MALE) / FEMALE
- b) NRIC/FIN/PASSPORT: S1146936A CONTACT: 9008 5256
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammed Fans-Izzwan Bin Marzan (MALE) / FEMALE
- b) NRIC/FIN/PASSPORT: S9409317A CONTACT: 82990044
- c) ADDRESS: APL BJK 253 Yishun Ping Road # 03-1041
S 760253
- d) DATE OF BIRTH: (07/03/1994) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR) / OUTDOOR
- f) YEARS OF DRIVING EXPERIENCE: 04/08/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend's father

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJK 3327L MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: 9726 1213

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

no of passengers including driver
(3)
2 female passengers

no of passengers including driver
()

no of passengers including driver
()

Email = fanisdash94@gmail.com

Phone = _____

Mobile = NO

www.libertyinsurance.com.sg

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder: MD KHALID QUAH @ QUAH SIEW BOON		Certificate No.: SD22V07864/ VPE / R00
Date of Issue: 15 Jun 2022	Effective Date of Commencement: 21 Aug 2022 00:00	Date of Expiry: 17 Dec 2023 23:59
Registration No.: SLU8705U	Chassis No.: KMHD841CMJU592480	Type of Certificate: MX1
Persons or Classes of Persons entitled to drive*:		
<p>A) The Policyholder.</p> <p>B) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>		
Limitations as to use:		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
The Policy does not cover:		
<p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p>		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.		

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$500, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	HL BANK
Name of Producer:	DICKSON INSURANCE AGENCY PTE. LTD. (A1661-8888)

PLFM/PLEM/SD22V07864/16-Jun-2022/MotorCI/v1.0